

<b>CLAIMS ONLY</b>	Application Number <b>10015434</b>	Filing Date
	Applicant(s)	

* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3	<del>cancel</del>					
4						
5						
6						
7	<del>cancel</del>					
8						
9						
10						
11						
12						
13						
14	<del>cancel</del>					
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18						
19	<del>cancel</del>					
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29	<del>cancel</del>					
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31						
32						
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41						
42	<del>cancel</del>					
43						
44						
45						
46						
47						
48						
49						
50						
Total Indep	4					
Total Depend	15					
Total Claims	19					

  

* May be used for additional claims or amendments						
	Indep	Depend	Indep	Depend	Indep	Depend
51						
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97						
98						
99						
100						
Total Indep						
Total Depend						
Total Claims						